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No virus found in this outgoing message.

Checked by AVG Free Edition.

Version: 7.1.409 / Virus Database: 268.15.20/588 - Release Date: 12/15/2006

Machado, Anthony (Tony) D.

From: Ana Chimbor [AnaC@cabling-solutions.com]
Sent: Friday, December 15, 2006 2:14 PM
To: Machado, Anthony (Tony) D.
Cc: Syed Shah
Subject: FW: Our invoice # 717572, your invoice # 5306

Dr. Machado,

Please find attached the request for certification submitted by USAC for Invoice #5306.

Thank you

Ana Maria Chimbor
954-905-5640

From: Ray Young
Sent: Wednesday, December 13, 2006 9:37 AM
To: Ana Chimbor
Cc: Syed Shah; David Orshan (F.C)
Subject: FW: Our invoice # 717572, your invoice # 5306

3 of 7

Ray S. Young, RCDD/OSP
President
Structured Cabling Solutions
12349 SW 53rd Street #202
Cooper City, FL 33330
786-264-6686 x5636 (Office)
954-434-9772 (Fax)
305-218-0059 (Mobile)

From: Handler, Steven [mailto:SHANDLE@solixinc.com]
Sent: Wednesday, December 13, 2006 8:31 AM
To: Ray Young
Cc: Ray Young@1-954-434-9772
Subject: Our invoice # 717572, your invoice # 5306

Applicant Name: Miami -Dade County Public Schools
Service Provider Name: Structured Cabling Solutions
Submitter Invoice Number: 5306
SLD Invoice Number: 717572
Funding Request Number (FRN):1102091
Total Undisc Amt: \$1,587.81
Requested Amt:\$1,429.03

I am reviewing your request for reimbursement of the aforementioned FRN. Please send me a copy of the detailed invoices sent to the applicant for the products/services provided.

In addition to a copy of the detailed invoice, please provide the Service Certification form, completed by the applicant, for the products/services provided. Please note that the applicant must complete 6 lines:

- Representative / Contact Name
- Representative / Contact Title
- Representative / Contact Phone
- Date Goods/Services Delivered

12/18/2006

- Date Goods/Services were or will be Installed
- Date Applicant Portion Paid and Check No. or Date to be Paid

The applicant must also sign and date the form, and indicate Yes or No as appropriate, in one of the two appropriate sections at the bottom of the form.

The applicant may fax/e-mail the above information to me directly, which may speed up the review process. Please put the SLD Invoice Number on the fax/e-mail cover sheet so I can match your fax/e-mail to your form.

Please provide this information to me as soon as possible within the next 7 calendar days by **Thursday, December 21, 2006**. Failure to do so may result in a reduction or rejection of the invoice, without further request. If you have any questions or need additional time, please contact me.

Thank you for your cooperation and continued support of the Universal Service Program.

Steven Handler
Schools and Libraries - Invoicing
100 South Jefferson Road
PO Box 902
Whippany, NJ 07981

Voice: 973-581-5170
Fax: 973-599-6572
shandle@sl.universalservice.org

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No virus found in this incoming message.
Checked by AVG Free Edition.
Version: 7.1.409 / Virus Database: 268.15.18/585 - Release Date: 12/13/2006

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--
No virus found in this outgoing message.
Checked by AVG Free Edition.
Version: 7.1.409 / Virus Database: 268.15.20/588 - Release Date: 12/15/2006

ATTACHMENT # 6

143024345|Structured Cabling Solutions, Inc.|syeds@cabling-
solutions.com|usacstatement@universalservice.org|C000298010|910|10/23/2007|N
143024345|1104950|5308|.00|"SLD Invoice Number:816756;Line Item Detail
Number:3001552;Amount Requested:11405.23;Service Receipt Not Confirmed By
Applicant;321;"
143024345|1105023|5307|.00|"SLD Invoice Number:816762;Line Item Detail
Number:3001590;Amount Requested:2183.19;Service Receipt Not Confirmed By
Applicant;321;"
143024345|1109027|5411|.00|"SLD Invoice Number:816767;Line Item Detail
Number:3001649;Amount Requested:1539.18;Service Receipt Not Confirmed By
Applicant;321;"
143024345|1101439|5413|.00|"SLD Invoice Number:816550;Line Item Detail
Number:3001201;Amount Requested:7363.79;Service Receipt Not Confirmed By
Applicant;321;"
143024345|1101958|5457|.00|"SLD Invoice Number:816573;Line Item Detail
Number:3001255;Amount Requested:3410.77;Service Receipt Not Confirmed By
Applicant;321;"
→ 143024345|1102091|5306|.00|"SLD Invoice Number:816609;Line Item Detail
Number:3001321;Amount Requested:1429.03;Service Receipt Not Confirmed By
Applicant;321;"
143024345|1102544|5397|.00|"SLD Invoice Number:816629;Line Item Detail
Number:3001377;Amount Requested:5242.27;Service Receipt Not Confirmed By
Applicant;321;"
143024345|1105040|5453|.00|"SLD Invoice Number:816728;Line Item Detail
Number:3001524;Amount Requested:18274.28;Service Receipt Not Confirmed By
Applicant;321;"
143024345|1104926|5455|.00|"SLD Invoice Number:816749;Line Item Detail
Number:3001539;Amount Requested:37107.32;Service Receipt Not Confirmed By
Applicant;321;"

ATTACHMENT # 7

47 9-003



Miami-Dade County Public Schools

giving our students the world

Superintendent of Schools
Jedolph F. Crew, Ed.D.

Executive Officer
Ms. Deborah Karcher

Administrative Director
Mr. Craig Rinehart

Director II / E-Rate Management
Dr. Anthony D. Machado

Miami-Dade County School Board

Agustin J. Barrera, Chair
Dr. Martin Karp, Vice Chair
Renier Diaz de la Portilla
Perla Tabares Hantman
Evelyn Langlieb Greer
Dr. Robert B. Ingram
Ana Rivas Logan
Dr. Marta Perez
Dr. Solomon C. Stinson

March 19, 2007

INVOICE DEADLINE EXTENSION REQUEST

Schools and Libraries Division
Correspondence Unit
100 South Jefferson Road
P.O. Box 902
Whippany, New Jersey 07931

RE: INVOICE DEADLINE EXTENSION REQUEST

Bill Entity Number 127722 (Miami-Dade County Public Schools)

Funding Year 7 (2004-2005) See Attached SPREADSHEET

Funding Year 8 (2005-2006) See Attached SPREADSHEET

Information pertaining to this Invoice Deadline Extension Request can be addressed directly to:

Dr. Anthony D. Machado

Mailing Address: 13135 SW 26 Street / Miami, FL / 33175-1817

E-Mail Address: TMachado@DadeSchools.net

Office Telephone: 305-995-3433 / Office Fax: 305-995-3773

As a result of inordinate delays in funding commitments for all our 2003-2004 (Year 6) and 2004-2005 (Year 7) applications, our work timetables were seriously jeopardized and compromised. As well, throughout this trying period, we have also had to contend with vendors going out of business, SPIN changes, and Service Substitutions Requests - just to update all that should have been done according to normal scheduling.

Consequently, we must now also request **INVOICE DEADLINE EXTENSIONS** for the invoices affected by the foresaid explanation. This now is impacting our vendors. Attached, please find the list of the Applications and FRNs for the Invoices that require this action.

Thanking you in advance for your consideration and expedience of action.

Dr. Anthony D. Machado
Director II

E s u r e s

Office of Information Technology • 13135 Coral Way • Miami, Florida 33175
305-995-3433 • FAX 305-995-3773 • www.dadeschools.net

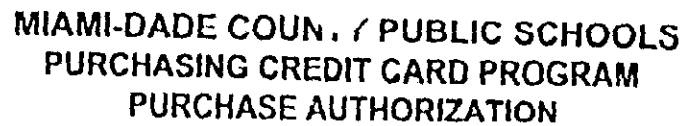
Location	PO #	Appl #	FRN #	MDCPS Amount	USAC Amount	TOTAL	Invoice # SCS	Invoice # 1st SLD	Invoice # 2nd SLD	Invoice # 3rd SLD	Action needed?
Peskoe Elementary - ERATE	D02285482	388717	1101439	818.20	7,363.79	8,181.99	6413	722259			IDER and resubmit
North County Elementary - ERATE	D02294868	388937	1102028	57.21	514.92	572.13	6214	695744	717555	728305	IDER and resubmit
Henry M. Flagler Elementary - ERATE	D02295530	388797	1102544	582.47	5,242.27	5,824.74	5397	720614			IDER and resubmit
Stirrup Elementary - ERATE	D02294949	388281	1104902	1,457.37	13,116.34	14,573.71	5215	695770	717557	728316	IDER and resubmit
Thomas Jefferson Middle - ERATE	D02294911	389664	1104807	833.34	7,500.03	8,333.37					IDER and resubmit
Pine Villa Elementary - ERATE	D02295484	389309	1104926	4,123.04	37,107.32	41,230.36	5455	728133			IDER and resubmit
Allapattah Middle - ERATE	D02295517	394410	1105040	2,030.48	18,274.28	20,304.76	5453	728124			IDER and resubmit
Crestview Elementary - ERATE	D02294927	388765	1109027	299.77	2,697.93	2,997.70	5411	722253			IDER and resubmit
Orchard Villa Elementary - ERATE	D02295104	463580	1274000	315.41	2,838.67	3,154.08					IDER and resubmit
West Homestead Elementary - ERATE	D02295461	419306	1155637	141.32	1,271.83	1,413.15	5140	663747	684525		IDER and resubmit needs to verify delivery date, request
Drew Middle - ERATE	D02295196	389642	1101495	1,267.25	11,405.23	12,672.48	5154	871563	696322	717565	IDER and resubmit --SSD reset to 7/1/2004
Carol City Elementary - ERATE	D02294981	391393	1101958	378.97	3,410.77	3,789.74	5457	728140			IDER and resubmit --SSD reset to 7/1/2004
Lenora B. Smith Elementary - ERATE	D02295523	388368	1102091	158.78	1,429.03	1,587.81	5306	717572			IDER and resubmit --SSD reset to 7/1/2004
Campbell Drive Elementary - ERATE	D02295502	388683	1102710	1,141.93	10,274.67	11,416.60	5132	696327	717563		IDER and resubmit --SSD reset to 7/1/2004
Nathan B. Young Elem - ERATE	D02294954	389556	1102910	113.96	1,025.62	1,139.58	5213	695726	717548		IDER and resubmit --SSD reset to 7/1/2004
Charles Drew Elementary - ERATE	D02295744	388771	1104950	1,570.01	14,130.12	15,700.13	5308	717575			IDER and resubmit --SSD reset to 7/1/2004
Kelsey L. Pharr Elementary - ERATE	D02295507	389288	1105023	242.58	2,183.19	2,425.77	5307	717576			IDER and resubmit --SSD reset to 7/1/2004
Fairlawn Elementary - ERATE	D02295501	464545	1276993	2,580.75	23,226.76	25,807.51	5456	728135	96-002		IDER and resubmit --SSD reset to 7/1/2005
				17,237.13	155,134.06	172,371.19					

Orange: Invoices have been paid

Yellow: service certifications received

Aqua: FRNs missing certifications

Lavender: Special Circumstances listed in status



FM-5707 Rev. (01-05)

Express

Tracking
Number

8610 4511 1473

Form
SI No.

0215

Sender's Name and Address
Date 3/14/07 Sender's FedEx Account Number 2946-2904-7
Sender's Name DR ANTHONY D MACHADO Phone (305) 995-3433

Company MIAMI DADE CTY PUBLIC SCHOOL

Address 13135 SW 26TH ST

Dept, Room, Suite, Room

City MIAMI

State

FL

ZIP

33175-1817

Your Internal Billing Reference

First 14 characters will appear on invoice

To Recipient's Name SLD Correspondence Unit

Company Schools & Libraries Division

Recipient's Address 100 South Jefferson Rd

Do not deliver to PO boxes or PO ZIP codes

Dept, Room, Suite, Room

Address

Request a package be held at a specific FedEx location, print FedEx address here.

Chippamy State N.J. ZIP 07981

0356258704

4a Express Package Service

☐ FedEx Priority Overnight
Next business morning, Friday
shipments will be delivered on Monday
unless SATURDAY Delivery is selected

☒ FedEx Standard Overnight
Next business morning, Saturday
Delivery NOT available

Packages up to 150 lbs.

☐ FedEx First Overnight
Earliest next business morning
delivery to select locations.
Saturday Delivery NOT available

☐ FedEx 2Day
Second business day, Thursday
shipments will be delivered on Monday
unless SATURDAY Delivery is selected

☐ FedEx Express Saver
Third business day, Saturday
Delivery NOT available

FedEx Signature Mail not available. Minimum charge: 1-lb/round trip.

** To meet locations

4b Express Freight Service

☐ FedEx 1Day Freight
Next business day, Friday
shipments will be delivered on Monday
unless SATURDAY Delivery is selected

☐ FedEx 2Day Freight
Second business day, Thursday
shipments will be delivered on Monday
unless SATURDAY Delivery is selected

Packages over 150 lbs.

☐ FedEx 3Day Freight
Third business day, Saturday
Delivery NOT available

* Call for Confirmation

** To meet locations

5 Packaging

☐ FedEx Envelope*

☐ FedEx Psk*
Includes FedEx Small Psk,
FedEx Large Psk, and FedEx Surety Psk.

☐ FedEx Box

☐ FedEx Tube

☐ Other

* Declared value limit \$500

6 Special Handling

☐ SATURDAY Delivery
NOT Available for
FedEx Standard Overnight,
FedEx Priority Overnight, FedEx Express
Saver, or FedEx 2Day Freight.

☐ HOLD Weekday
at FedEx Location
NOT Available for
FedEx First Overnight

☐ HOLD Saturday
at FedEx Location
Available ONLY for
FedEx Priority Overnight and
FedEx 2Day to select locations

Does this shipment contain dangerous goods?

Yes box must be checked.

☐ No ☐ Yes

As per attached
Shipper's Declaration.

☐ Yes

Shipper's Declaration
not required.

☐ Dry Ice

Dry Ice, 2 UN 1845

☐ Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

7 Payment Bill to:

Sender ☐ Recipient ☐ Third Party ☒ Credit Card ☐ Cash/Check

Account No. in Section 1 will be billed.

Enter FedEx Acct. No. or Credit Card No. below.

FedEx Acct. No. 5549010000267055 Iss. Date 07/08

Card No.

Total Packages 1

Total Weight 1

Total Declared Value \$

00

* Our liability is limited to \$100 unless you declare a higher value. See back for details. By using this form you agree to the service conditions on the back of this form and in the current FedEx Service Guide, including terms that limit our liability.

8 Residential Delivery Signature Options

If you require a signature, check Direct or Indirect.

☐ No Signature
Required
Package may be left
without obtaining a
signature for delivery.

☐ Direct Signature
Someone at recipient's
address may sign for
delivery. Fee applies.

☐ Indirect Signature
If no one is available at
recipient's address, someone
at a neighboring address may
sign for delivery. Fee applies.

519

Rev Date 10/06/07 11/02/07 01/09/08 FedEx PRINTED IN U.S.A. 519



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ATTACHMENT # 8



124

Schools & Libraries Division

Administrator's Decision on Invoice Deadline Extension Request

June 26, 2007

Ray Young
Structured Cabling Solutions
1777NW 79th Avenue
Miami, FL 33126

Y7-9-003

Re: Lenora B. Smith Elementary School

Re: SLD Invoice #:	717572	BEAR or SPI:	SPI
		Invoice Date:	12/11/2006

SLD Line(s) #:	2624569
Vendor invoice #:	5306
471 Application Number:	388368
Funding Request Number(s):	1102091
Your Correspondence Dated:	March 13, 2007

After thorough review and investigation of all relevant facts, the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has made its decision in regard to your invoice deadline extension request for the invoice number indicated above. This letter explains the basis of SLD's decision. If your request included more than one invoice number, please note that for each invoice for which an invoice deadline extension request was submitted, a separate letter is being sent.

Invoice Number: 717572 Line(s): 2624569

Decision on Request: **Approved**

Since this Administrator's Decision approved your request, an invoice requesting payment must be submitted, so that it is postmarked no later than 120 days after the date of this letter in order for your request to be considered as timely filed. If you are resubmitting a Form 472, please remember that you should forward the form to the Service Provider as soon as possible to ensure sufficient time to process your request. The invoice should be submitted in accordance with the instructions that are posted in the SLD Forms area of the SLD web site at www.universalservice.org/sl/ or are available by contacting the SLD Client Service Bureau at 1-888-203-8100.

Thank you for your continued support of and participation in the E-rate program.
Schools and Libraries Division
Universal Service Administrative Company

cc: Dr. Anthony Machado, Miami-Dade County Public Schools

ATTACHMENT # 9

[HOME](#) [CANCEL](#) [SAVE & EXIT](#) [HELP](#)

FCC Form 471

Services Ordered and Certification Form

[Block 2 & 3](#)[Block 4](#)[Block 5](#)[Block 6](#)

Applicant's Form Identifier: 0081-LENORA B. SMITH ELEM.

Entity Number: 127722

Contact Person: ANTHONY D. MACHADO

Phone Number: (305) 995-3433

IMPORTANT

Please record this application's information in a secure place for future reference

471 Application Number: 388368

Entity Number of Billed Entity (Applicant): 127722

Security Code Number: 38972

[Continue >>](#)

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HOME CANCEL HELP

FCC Form 471

Services Ordered and Certification Form



Block 2 & 3

Block 4

Block 5

Block 6

Approval by OMB 3060-0806

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.sl.universalservice.org.) The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier:

(Insert your own code to identify THIS Form 471)

0081-LENORA B

Form 471 Application #:

(inserted by Administrator)

388368

Block 1: Billed Entity Information

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1. Name of Billed Entity MIAMI-DADE COUNTY PUBLIC SCHOOLS		2. Funding Year: Year 2004: 07/01/2004 - 06/30/2005	
3. Entity Number 127722			
4. Billed Entity (Applicant) Address, etc.			
a. Street Address, P.O. Box, or Route Number 1450 NE 2ND AVE			
City MIAMI	State FL	Zip Code + 4 33132 - 1308	
b. Telephone Number (10 digits + extension) (305) 995 - 3433		c. Fax Number (10 digits) (305) 995 - 3773	
d. E-mail Address (50 characters max.)			
5. Type Of Application (Select only one type)			
<input checked="" type="radio"/> School (public or non-public school)			
<input type="radio"/> School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools)			
<input type="radio"/> Library (library (i.e. outlet/branch, system))			
<input type="radio"/> Consortium			
If you selected "Consortium" in #5 above, check here <input type="checkbox"/> if any members are ineligible non-governmental entities.			
6a. Contact Person's Name: ANTHONY D. MACHA		Copy 4a-d above to 6b-e below	
Fill in every item of the Contact Person's information below that is different from Item 4 above, then select your preferred mode of contact.			

6b. Street Address, P.O.Box, or Route Number 13135 S.W. 26 STREET		
City MIAMI	State FL	Zip Code + 4 33175 - 1817
<input type="radio"/> 6c. Telephone Number (10 digits + ext.)	(305) 995 - 3433 ext.	
<input type="radio"/> 6d. Fax Number (10 digits)	(305) 995 - 3773	
<input checked="" type="radio"/> 6e. E-mail Address (50 characters max.)	TMACHADO@DADESCHOOLS.NET	
6f. Holiday/vacation/summer contact information GLORIA SHAW, MIRIAM DIAZ, ILIANA TELLEZ, ERNEST TOLEDANO		

[Previous](#)[Reset Page](#)[Block 2 & 3](#)[Print Preview](#)

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HOME CANCEL SAVE & EXIT HELP

FCC Form 471

Services Ordered and Certification Form



Block 1

Block 4

Block 5

Block 6

Applicant's Form Identifier: 0081-LENORA B. SMITH ELEM.

Entity Number: 127722

Contact Person: ANTHONY D. MACHADO

Phone Number: (305) 995-3433

Block 2: Minor Modification to Existing Contract?

7. THIS ITEM CANNOT BE FILED ONLINE. You may use this item ONLY to inform the Fund Administrator if your request represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgement Letter. Minor modification requests can be filed MANUALLY only. For more information, check the SLD web site at www.sl.universalservice.org or call the SLD Client Service Bureau at 888-203-8100.

Block 3: Impact of Services Ordered in THIS Application

8. Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a. Number of students to be served 519 b. Number of library patrons to be served

9. The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...	Before Order	After Order
a. Telephone service (for schools/school districts/consortia only): How many classrooms had phone service before and after your order?		
b. High-bandwidth voice/data/video service: How many buildings served before and after your order?	6	6
c. High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	10MB	100MB
d. Dial-up Internet connections: How many before and after your order?	0	0
e. Dial-up Internet connections: Highest speed before and after your order?	0	0
f. Direct connections to the Internet: How many before and after your order?	1	1
g. Direct connections to the Internet: Highest speed before and after your order?	T1	T1
h. Internet access(for schools): How many rooms have Internet access before and after your order?	43	43
i. Internet access(for libraries): How many buildings have Internet access before and after your order?		

j. Internet access: How many computers (or other devices) with Internet access before and after your order?	150	175
k. Other technology outcomes?		

[Block 1](#)[Reset Page](#)[Block 4](#)[Print Preview](#)

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HOME CANCEL SAVE & EXIT HELP

FCC Form 471

Services Ordered and Certification Form

**Block 1****Block 2 & 3****Block 4****Block 5****Block 6**

Applicant's Form Identifier: 0081-LENORA B. SMITH ELEM.

Entity Number: 127722

Contact Person: ANTHONY D. MACHADO

Phone Number: (305) 995-3433

Bottom**Block 4 Discount Calculation Worksheet A for Schools/School Districts (Display)****Type "A" Worksheet No. 543753**

1. Name of School: <u>ALLAPATTAH ELEMENTARY SCHOOL</u>	2. Entity Number: 3663
3. Urban or Rural: Urban	4. Total # of Students: 519
5. # of Students Eligible: 517	
6. %Students Eligible for NSLP (#5 / #4): 99.614%	7. Discount % from Discount Matrix: 90%
8. Weighted Product for Shared Discount(#4 X #	

Total number of students (#4) for all entities listed in this worksheet: 519

Total weighted product (#8) for all entities listed in this worksheet: 467.1

Weighted Average Discount % for Shared Services (#8 total / #4 total X 100) for this worksheet: N/A

Top

Add New Entity

Add New Type "A" Worksheet

Block 2&3

Remove This Worksheet

Copy This Worksheet

Block 5

Print Page

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HOME CANCEL SAVE & EXIT HELP

FCC Form 471

Services Ordered and Certification Form



Block 1

Block 2 & 3

Block 4

Block 5

Block 6

Applicant's Form Identifier: 0081-LENORA B. SMITH ELEM.

Entity Number: 127722

Contact Person: ANTHONY D. MACHADO

Phone Number: (305) 995-3433

Bottom

Block 5 Display

FRN: 1102091	
11. Category of Service: Internal Connections	12. 470 Application Number: 505170000430897
13. SPIN: 143024345	14. Service Provider Name: Structured Cabling S
15. Contract Number: 104-CC04	16. Billing Account Number:
17. Allowable Contract Date: 12/13/2002	18. Contract Award Date: 08/20/2003
19a. Service Start Date: 07/01/2004	19b. Service End Date:
20. Contract Expiration Date: 06/30/2005	
21. Attachment #: BLOCK 5 #21 - 001 pp 1-3	22. Block 4 Entity Number: 36633
23a. Monthly Charges: \$.00	23b. Ineligible monthly amt.: \$.00
23c. Eligible monthly amt.: \$.00	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges (23c x 23d): \$.00	
23f. Annual non-recurring (one-time) charges: \$1,587.81	23g. Ineligible non-recurring amt.: \$.00
23h. Annual pre-discount amount for eligible non-recurring charges (23f - 23g): \$1,587.81	
23i. Total program year pre-discount amount (23e + 23h): \$1,587.81	
23j. % discount (from Block 4): 90	
23k. Funding Commitment Request (23i x 23j): \$1,429.03	

FRN: 1112483	
11. Category of Service: Internal Connections	12. 470 Application Number: 980850000430907
13. SPIN: 143020605	14. Service Provider Name: United Data Technol
15. Contract Number: 154-CC04	16. Billing Account Number: 107319
17. Allowable Contract Date: 12/13/2002	18. Contract Award Date: 08/20/2003
19a. Service Start Date: 07/01/2004	19b. Service End Date:
20. Contract Expiration Date: 06/30/2005	
21. Attachment #: Block #21-002 p 1	22. Block 4 Entity Number: 36633
23a. Monthly Charges: \$.00	23b. Ineligible monthly amt.: \$.00
23c. Eligible monthly amt.: \$.00	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges (23c x 23d): \$.00	
23f. Annual non-recurring (one-time) charges: \$15,777.65	23g. Ineligible non-recurring amt.: \$.00
23h. Annual pre-discount amount for eligible non-recurring charges (23f - 23g): \$15,777.65	
23i. Total program year pre-discount amount (23e + 23h): \$15,777.65	
23j. % discount (from Block 4): 90	
23k. Funding Commitment Request (23i x 23j): \$14,199.89	

Top

Block 4

Add New Funding Request

Block 6

Print Preview

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HOME CANCEL HELP**FCC Form 471**

Services Ordered and Certification Form

**Block 1****Block 2 & 3****Block 4****Block 5****Block 6****Applicant's Form Identifier:** 0081-LENORA B. SMITH ELEM.**Entity Number:** 127722**Contact Person:** ANTHONY D. MACHADO**Phone Number:** (305) 995-3433**Block 6: Certifications and Signature**

24. The entities listed in Block 4 of this application are eligible for support because they are:
(Check one or both)

- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38)**, that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. ☐ libraries or library consortia eligible for assistance from a state library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school including, but not limited to, elementary and secondary schools, colleges and universities.

25. The entities listed on this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections, necessary to make effective use of the services purchased, as well as to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

26. All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:

- a. ☐ an individual technology plan for using the services requested in this application; and/or
- b. ☒ higher-level technology plan(s) for using the services requested in this application; or
- c. ☐ no technology plan needed; applying for basic local and long distance telephone service only.

27. Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

- a. ☒ technology plan(s) has/have been approved; and/or
- b. ☐ technology plan(s) will be approved by a state or other authorized body; or
- c. ☐ no technology plan needed; applying for basic local and long distance telephone service only.

28. I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.

29. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

30. I certify that the entity(ies) I represent has complied with all program rules and I acknowledge

that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.

31. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32. I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.

33. I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

36. Printed name of authorized person

MS. JEANETHE P. THOMPSON

37. Title or position of authorized person

PRINCIPAL

38a. Street Address, P.O. Box, or Route Number

4700 NW 12 AVE.

City MIAMI

State FL

Zip 33127 -

38b. Telephone number of authorized person

305 635 - 0873

38c. Fax number of authorized person

-

38d. E-mail address of authorized person

PRINCIPAL@LENORASMITH.EL

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

Block 5 Display

Reset Page

Print Preview

Paper Certification >>

Electronic Certification >>

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MDCPS

Proposal from: Structured Cabling Solutions

Project Mgr: Chris Sachtleben
 Contact: Linda Cantin
 Date: 15-Dec-03
 Change #: Erate Spin#143024345, Contract #104-CC04
 Location: Allapattah Elementary (Lenore B. Smith Elem.)
 Address: 4700 NW 12th Ave.
 Scope: Installation of 22 Data cables.
 Created By: Ray S. Young, RCDD/OSP

ITM	Qty	DESCRIPTION	MATERIAL	LABOR	TOTAL
9	10	1" EMT CONDUIT	\$ 0.50 \$	5.00 \$ 2.11 \$	21.10 \$26.10
70	2	12 PORT,110 JACK PANEL	\$ 98.19 \$	196.38 \$ 27.20 \$	54.40 \$250.78
73	1	24 PORT,CAT5,PATCH PNL	\$ 71.77 \$	71.77 \$ 54.40 \$	54.40 \$126.17
100	2200	4 PR,24,CAT5,PVC CABLE	\$ 0.05 \$	110.00 \$ 0.20 \$	440.00 \$550.00
126	22	8 WIRE C5 STATION JACK	\$ 2.78 \$	61.16 \$ 2.26 \$	49.72 \$110.88
127	4	1 TO 6 PORT FACEPLATE	\$ 0.92 \$	3.68 \$ 2.26 \$	9.04 \$12.72
129	20	3/4" SURFACE RACEWAY	\$ 0.68 \$	13.60 \$ 1.14 \$	22.80 \$36.40
132	4	SURFACE ONE GANG BOX	\$ 3.52 \$	14.08 \$ 4.54 \$	18.16 \$32.24
152	22	5' CAT5 MOD PATCH CORD	\$ 1.16 \$	25.52 \$ 2.26 \$	49.72 \$75.24
217	1	12' COMMUNICATIONS POLE	\$ 102.68 \$	102.68 \$ 40.80 \$	40.80 \$143.48
252	60	CEILING CABLE SUPPORTS	\$ 1.47 \$	88.20 \$ 2.26 \$	135.60 \$223.80
			\$ -	\$ -	\$0.00
			\$ 692.07	\$ 895.74	\$ 1,587.81
			SUM	SUM	TOTAL SUM



Structured Cabling Solutions

471 Application # 388,368
Entity # (Applicant) 127722 (M-DCPS)
Form Identifier CC81
Attachment: Block 5 #21-001 / Pg. 2 of 3

Date: December 15, 2003
Client Name: Miami Dade County Public Schools
Project Name: Allapattah Elementary
Address: 4700 NW 12th Ave.
Change #: Erate Spin#143024345, Contract #104-CC04
Project Mgr: Chris Sachtleben
Contact: Linda Cantin
Prepared By: Ray Young , RCDD/OSP & Felipe Sagastume, RCDD
State of Florida License ES1200133 & ES-0000322
State of Georgia License LT-305064

Scope of Work

Overview:

Installation of 22 Data cables.

Pathways:

Where required, Structured Cabling Solutions will install NEC compliant J-Hooks in order to route and bundle the cable.

Structured Cabling Solutions will install wiremold and to cover exposed cabling in classrooms. Structured Cabling Solutions will install wiremold boxes to mount faceplates.

Horizontal:

Structured Cabling Solutions will install 10 Data cables to the Computer Lab IDF.
Structured Cabling Solutions will install 6 Data cables to the Copy Room IDF.
Structured Cabling Solutions will install 6 Data cables to the Room #16 IDF.

All data cables will be Category 5 PVC and will be terminated with Category 5 jacks mounted onto flush mount faceplates.

Telecom Rooms:

In the Computer Lab IDF Structured Cabling Solutions will install a 24 port patch panel.
In the Copy Room IDF Structured Cabling Solutions will install a 12 port patch panel.
In the Room #16 IDF Structured Cabling Solutions will install a 12 port patch panel.